



DEA - Pseudoephedrine Retailers Conference

Arlington, Virginia

February 28, 2003

Name: _____

Title: _____

Representing (Organization): _____

Address #1: _____

Address #2: _____

City: _____

State: _____

Zip Code: _____

e-mail: _____

Telephone Number (including area code): _____

Facsimile Number (including area code): _____

Completed forms should be faxed to: (202) 353-1079, Attn: Program Analyst Mandy Healy

Questions may be addressed to: Program Analyst Mandy Healy at (202) 307-7297

*Participation is limited
And
on a "first come, first served" basis*